

APPLICATION TO ACCESS CALIFORNIA'S VITAL STATISTICS MAINFRAME COMPUTER TAPE FILES

Name:		Date:	
Title:		Organization:	
Street Address:		City:	
State:	Zip Code:	Phone:	FAX:

File(s)	Years Available	Year(s) Requested	Total
Birth Statistical Master File: ? *With Identifiers ? Without Identifiers	1960-1999 1960-1999		\$
? Birth Public Use File	1989-1999		\$
Birth Cohort File: ? *With Identifiers ? Without Identifiers	1960, 1965-1997		\$
Death Statistical Master File: ? With California Identifiers ? *With Out-of-State Identifiers (1989-99) ? Without Identifiers	1970-1999		\$
Merged Death File: ? With Identifiers ? *With Out-of-State Identifiers (1989-99) ? Without Identifiers	1960-1999		\$
? Death Public Use Tape	1989-1999		\$
? Multiple Cause of Death Tape	1970-1997		\$
Fetal Death Statistical Master File: ? *With Identifiers ? Without Identifiers	1970-1998		\$

Type of Tape:	Density:	Standard IBM Labels:	Maximum Block Size
? 18-Track Tape Cartridge	? 38K BPI	Standard IBM Labels Only	
? 9-Track Tape Reel	? 1600 BPI ? 6250 BPI	? Yes ? No	

* Identifiers (File Numbers and/or Names)

If requesting one of the above files marked with an asterisk (*), please attach approvals from:

- 1) The Committee for the Protection of Human Subjects (CPHS), 1600 9th Street, Room 433, Sacramento, CA 95814
Ph.# (916) 323-4264; and
2) The State Registrar, 304 S Street, PO Box 730241, Sacramento, CA 94244-0241, Ph.# (916) 445-6355.

State of California
Temporary Form
(Pending Approval)

Department of Health Services
Center for Health Statistics
(Rev. 08/24/00)

Proposed Use: _____

_____ Attach additional sheets if necessary

User's Name (s) (Indicate names of all persons who will have access to requested computer file(s)):

Vital Statistics Access Agreement:

I, the undersigned, agree not to sell or assign the tapes or the records therein provided under this agreement. I agree that said tapes will not be reproduced except to the extent necessary to meet the proposed use. I understand that per Health and Safety Code, Sec. 102426, the mothers marital status field may only be used for "demographic and statistical analysis" and will not be made available with personal identifiers. Utilization of birth files in any way to identify an individual without formal approval of CPHS and the State Registrar is prohibited by law. I understand that the release of confidential data with personal identifiers or the linkage of non-confidential data with other files so as to identify an individual's confidential data without prior approval may be punishable by a fine of \$500 or six months in jail (Health and Safety Code, Sec. 102475).

I agree not to release or give public access to names or other personal identifiers from **Birth** or out-of-state occurrences from **Death files**.

I further agree to the following for any material derived from these vital statistics tapes:

1. To acknowledge the California Department of Health Services, Center for Health Statistics as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Health Services, Center for Health Statistics.
3. To assure that technical descriptions of the data are consistent with those provided by the California Department of Health Services, Center for Health Statistics.

User's Signature: _____ Title: _____ Date: _____

Center for Health Statistics (CHS) Use Only

DSN: _____

VSN: _____

RECORDS: _____

CHS Authorization: _____ Date: _____

Michael L. Rodrian
Chief
Center for Health Statistics